

MA Application for HRSA PHCAST Program Announcement HRSA-10-288 CFDA No. 93.512

Massachusetts Executive Office of Health and Human Services, www.mass.gov/eohhs

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Abstract: The Massachusetts Executive Office of Health and Human Services and the Executive Office of Elder Affairs (EOHHS/EOEA) requests \$738,993 from the Health Resources and Services Administration to develop, evaluate and disseminate a core-competency based curriculum for direct care workers across health and human service sectors in Massachusetts. The MA-PHCAST demonstration effort will be developed in partnership with personal care, home care, and other direct care worker enterprises including the Massachusetts Council for Home Care Aide Services, the PCA Quality Home Care Workforce Council, Bristol Community College, PHI, Commonwealth Corporation, and the MA Area Health Education Center (MA-AHEC). The project will be overseen by a cross-secretariat Management Team including representatives from all agencies that employ community-based long term workers and will be guided by a Project Advisory Group inclusive of the Management Team, all grant partners, and other external stakeholders. The Project Director support will be provided by MA AHEC.

With a projected 25% growth in the elder and disabled population of the state by 2020 and an anticipated 51% growth in demand for personal and home care services between 2006 and 2016, there is a vital need to assure that the core competencies of workers match current and anticipated vacancies in the sector. Expanded need, resource constraints, quality concerns, and new procurement strategies require improved alignment of direct care worker roles, competencies, training, and payment. With this grant application EOHHS/EOEA seeks to improve and enhance existing curricula for home care aides and personal care assistants as part of the state's response to the growing long term support needs of elders and people with disabilities, the Governor's mandate in the MA Community First *Olmstead* Plan, and the state's expanded primary, acute, behavioral and long term care integration efforts under health care reform. Additionally, the state looks forward to the grant providing the basis to support standardization of core competencies and related training components for all direct care workers currently hired directly or indirectly by the state for community-based long term care across diverse populations and funding streams; this goal, and the collective leadership commitment it represents, is a truly innovative component of the project proposal.

Over the course of three years, grant activities will (1) expand the core training components that are standardized across workers and support worker-specific skill development where needed and appropriate; (2) focus training expansions in under-served populations; (3) diversify training settings, including community colleges, to ensure a more sustainable education-to-career path; and (4) determine the need for new and/or realigned state certification requirements.

Year 1 of the grant will focus on assessment of existing curricula for home care aides and personal care assistants, identify arenas for improvement, and, in collaboration with the national TA process, develop a common curriculum with core competencies that will be piloted and evaluated in these two workforces. Years 2 and 3 will advance the curriculum re-design and numbers of trained workers, forge cross-program standardization, initiate selective advanced training in Alzheimer's care-taking and complex care management, build relationships with community colleges and other entities for sustainability, assess and determine new certification requirements and establish cross-Secretariat education to career paths for home care aides, personal care assistants, and other direct care workers. Grant efforts will focus on areas of worker shortages and underserved communities and assure broad dissemination of findings and products.

Massachusetts Personal and Home Care Aide State Training Program

Massachusetts Executive Office of Health and Human Services

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1. Introduction and Needs Assessment

Massachusetts anticipates a rapid rise in demand for trained workers in long-term care occupations. A recently completed report by the Governor's Long Term Care Financing Advisory Committee projected a 25% growth in the elder and disabled population of the state by 2020; the current estimate of those needing long-term supports is approximately 630,000. The Committee also forecasted dramatic decreases in available family member care givers and as much as 50% growth in long-term support services costs by 2030 in the absence of any critical system changes. The Committee particularly noted the importance of creating a quality long-term care workforce through improved education to career paths. State data echo Bureau of Labor Statistics projections anticipating a 51% growth in demand for personal and home care aides between 2006 and 2016, and a 28% growth rate in employment within nursing and home health settings for the same period. Furthermore, Commonwealth Corporation (CommCorp) has identified vacancies in personal and home care aides as *critical* and *persistent* within the state's workforce development system. There is a great need to align the skills of workers with the current and anticipated vacancies in the sector.

For more than three decades, the MA Executive Office of Health and Human Services (EOHHS) has enabled Massachusetts (MA) elderly and residents with disabilities to avoid institutionalization and remain in their homes through the Executive Office of Elder Affairs' (EOEA) Home Care Program (HCP) and the MassHealth (MA Medicaid) Personal Care Attendant (PCA) Program. The HCP provided more than 7 million hours of **home care aide (HCA)** services to 50,000 frail elders in SFY 2009 and the PCA program supported over 18,000 persons with disabilities across the lifespan. As a consequence of the state's Community First policy, which seeks to empower and support persons with disabilities and older adults to live

independently in the community, expenditures on home care aide services have increased by 50% over the past 5 years. The HCP now serves many more elders with very complex needs, who require support in multiple activities of daily living, present with multiple co-morbidities (including Alzheimer's), and have complicated medication regimes. This new population within the HCP requires a highly skilled workforce to provide appropriate care, and the need for such workers has exceeded supply. In many areas of the state, there is a dearth of direct care personnel, particularly during off-hours such as evenings, weekends, and overnight, severely limiting the community-based options for elders and their families. Consequently, home care agencies in MA continue to experience extremely high home care aide turnover rates, with some reporting turnover as high as 50%.

EOEA has established standards for the quality and provision of home care aide services, including training standards that include required topics and a minimum number of hours of training. Although EOEA does not have a standard curriculum, the office recommends the training curriculum developed by the MA Council for Home Care Aide Services (Mass Council), a MA trade organization whose members are more than 120 home care provider agencies committed to keeping frail and ill people of all ages at home with maximum independence and dignity. For more than 40 years, the Mass Council has been developing training resources for home care aide services, and their curriculum aligns well with the core competencies required in this grant. However, the Mass Council's training has not been updated since 1998 and will therefore be well-served by the support this grant will offer.

Personal Care Attendants (PCAs) in MA are primarily funded by MassHealth through the MassHealth PCA program, which is one of the oldest consumer-directed PCA programs in the country. In consumer-directed personal assistance, consumers (i.e. service users) hire, train,

supervise, and can fire their own PCAs. On an annual basis approximately 30,000 individuals are employed as PCAs by more than 18,000 consumers. The PCA program has seen 45% growth over the last five years and is now growing at an annual rate of 10-15%, creating a projected need for 3,000 new PCAs each year. Efforts by the current administration to stabilize and improve the quality of this workforce have included: facilitating the establishment of a union, 1199 SEIU United Healthcare Workers East; implementing through collective bargaining long overdue wage increases; establishing a PCA Quality Workforce Council (PCA Workforce Council); and initiating education and training strategies, including with community colleges, through the Labor-Management Committee.

The PCA Workforce Council helps to ensure consumer-controlled quality care by participating in the collective bargaining for and supporting the recruitment, training and quality oversight of the PCA workforce. However, because of its history as a consumer-directed program, there is no required formal training for PCAs in Massachusetts. In a PCA Workforce Council evaluation of the PCA program, both consumers and workers have identified the need for greater PCA training capacity. Training of PCAs by Personal Care Management (PCM) agencies was cited by consumers as one of the leading types of assistance needed. Of the 502 consumers surveyed, 24% reported wanting more training support and 39% indicated that they needed help in finding PCAs. In addition, a 2008 PCA Workforce Council survey of 545 PCAs indicated that a substantial number of PCAs were interested in job training and opportunities for career advancement. Developing more avenues for PCAs to gain core competencies that improve the quality of their personal care assistance work and create career paths for them – without negating the core values of consumer direction – is an objective shared by the PCA Workforce Council, the SEIU, and the administration. A new community college based curriculum (Bristol

Community College / Bristol Employment Collaborative, or BBC/BEC), established collaboratively with consumers and beginning in 2010, presents a unique opportunity to develop core competency strategies within a consumer-directed approach that is being supported in an educational path that could be replicated elsewhere in the community college system. Though in its formative stages, this curriculum also aligns well with the core competency requirements of the grant and presents an excellent opportunity to develop a shared strategy about competencies across two large and critical direct care workforces.

Beyond these two important and sizable workforces, the EOHHS employs directly or through vendors approximately 20,000 additional community-based long-term care direct care workers through its Departments of Public Health (DPH), Mental Health (DMH), and Developmental Services (DDS), and the Massachusetts Rehabilitation Commission (MRC). These settings also lack sufficient access to trained workers. Furthermore, differential training and certification opportunities operate across these workforces, who often deal with the same or very similar populations. For instance, there is a certification for peer direct care workers in DMH, a shared medication administration certification program for workers at DMH and DDS, and an excellent six-community college direct care worker certificate and credited program supported DDS.

This grant provides the opportunity for the EOHHS/EOEA to not only directly improve and align the core competencies of the HCP and PCA BCC/ BEC programs, but also to assess the opportunities to expand those core competencies across the Secretariats and build from and strengthen otherwise existing education-to-career path platforms like what is provided through DDS; this opportunity is one of the truly innovative promises of the grant. EOHHS and EOEA are committed to ensuring that emerging pools of caregivers have access to quality training as well as a more secure path to a career in long-term and other health care. Working with HRSA

to develop and align core competencies and to create an enterprise-wide strategy for a sustainable career ladder with appropriate certification opportunities will support the health and long-term care service delivery and payment reform efforts currently underway.

2. Methodology: Innovation, Project Goals and Resolution of Challenges

Innovation Capacity & Opportunity Massachusetts is well situated to undertake this endeavor because the state: (1) has made a public policy and resource commitment to expanded community care options for older adults and persons with disabilities, as a consequence of its Community First policy; (2) has a well-developed and diversified direct care workforce that works across public and private settings; (3) has a history of statutorily supported career ladder development in collaboration with the Executive Office of Labor and Workforce Development (EOLWD) and the Extended Care Careers Ladder Initiative (ECCLI) as well as agency-based certification and other training capacities; and (4) has a well-established history of cross-disability / elder collaborative planning, through the Center for Medicare and Medicaid Services Systems Transformation Grant and other planning processes that have identified long term care career path training expansions and standardization as a priority. This grant will make possible three arenas of innovation that may also provide support for other state and national strategies. They include: (1) the opportunity to inform consumer-directed and agency-based employee skill development and career path creation in a collaborative fashion; (2) the commitment of the public elder and disability agency leadership to a core set of competencies across multiple state agencies; and (3) the identification of differential roles for consumer education, public accreditation, private member agency training, and community college coursework in creating the needed skill-sets and an effective education to career path for direct care workers. With its close collaborations with key stakeholders in national and local direct care worker technical

assistance, training, evaluation, and information dissemination, the state is prepared to develop, evaluate and demonstrate a core competency-based standardized curriculum and the related policy and strategy development to ensure the proposed outcomes of this grant.

The planned internal cross-secretariat Management Team and the Project Advisory Group will bring the needed expertise and guidance to direct the grant activities. Additionally, the proposal has well-qualified and positioned partners who bring access to the workforce, and analytical and strategic expertise. The Management Team will include representatives from all the agencies that employ, directly or through vendors, community-based long term care workers, including EOEa, the DPH, DMH, DDS, MRC, and MassHealth. Additionally, the Team will include representation from EOLWD and will coordinate grant activities with the existing state Workforce Investment Board developments in this arena, including the MA Healthcare Advisory Committee for which funding has been requested under another Affordable Care Act grant, (HRSA-10-284). The Management Team will provide administrative and policy direction and support to EOHHS/EOEA in meeting the grant objectives. The cross-stakeholder Project Advisory Group will include members of the Extended Care Career Ladder Initiative and grant partners such as the Massachusetts Area Health Education Center (MA-AHEC), Commonwealth Corporation (CommCorp), PHI, PCA Workforce Council, the BCC/BEC, and the MassCouncil (See Section 5 Technical Capacity). These groups bring expertise in designing, evaluating and implementing and sustaining home and other personal care training from both a consumer directed and workforce development perspective, and will inform the MA PHCAST program demonstration efforts. The project will be directed by an experienced registered nurse (RN) from MA-AHEC who will be embedded in the Secretariats providing both the necessary workforce

development expertise within the administering agencies and simultaneously assuring access to important dissemination opportunities through the AHEC network overtime.

PHI, with its multi-state and national expertise in direct care workforce development, will obtain, assess and compare national and MA competencies for direct care workers in a wide variety of settings with the competencies in the current HCA and PCA curricula. The identification of a common set of competencies related to skills, knowledge and attitude of direct care workers will inform the development of a standardized curriculum. PHI's expertise in developing consumer-focused, adult learner-centered, competency-based curriculum for direct care workers will ensure the Massachusetts enhanced curriculum participants will develop core competencies needed to provide person-directed personal care in a range of long-term care settings. Planned national technical assistance will support the PHI curriculum analysis and development.

The details of the framework for the MA PHCA core competencies curriculum components will be drawn from the national scan of home care competencies as well as from existing training curricula in Massachusetts, with clinical direction from the credentialed nurse project director and consumer input from the Advisory Group. Additional details to be determined include specific course descriptions and outlines, the amount of instruction time spent in the classroom versus on-site, and specific qualifications for instructors. As the attached curricula demonstrate, existing training address a range of core competencies including essential elements of job-readiness for personal care and home care aide trainees and educational sessions have differential hours and frequency requirements with these two curricula ranging between 70 and 90 hours. Both settings have assessed the importance of establishing effective classroom and practicum student-to-instructor ratio with the former ranging from 10-15:1, and the latter at 2:1 or 1:1 in on-site practicum training context. EOHHS/EOEA looks forward to further defining the optimal

training circumstances through the work of this grant. The Secretariats look forward to assessing the differential opportunities offered by improving the HCA proprietary provider-based training and looking at the community-college base of the new BCC/BEC and the existing DDS curricula in considering long term sustainability of different training paths, including those that will offer students the opportunity to receive college credits toward a degree program.

Below is a description of the two existing curricula in MA which will form the basis of the formative curriculum review and core competency development: (1) Home Care Aide (HCA) Training Curricula, and (2) the Personal Care Assistance (PCA) Certificate Program (See Appendix I). The **Council for Home Care Aides (Council)** has developed three levels of paraprofessional, person-centered, consumer-directed home care training which are *recommended* to home care provider agencies but not *required* by EOEA. The curricula was designed with the following objectives: (1) to orient new staff members to the role of home care aide; (2) to foster self-esteem through the development of psychological insight including physical, emotional and social needs; and (3) to develop skills in personal care, household management, nutrition, and good health practices. The training follows a career ladder model with three levels, including: (1) Homemaker training with 40 hours of training and covering 13 units; (2) Personal Care Homemaker with an additional 20 hours of training and two units; and (3) Home Health Aide with additional 15-hour practicum. For those completing the 75-hour Home Health Aide training program, the Council has a Home Health Aide competency examination process that includes both written and skills demonstration components. The Council training aligns with all required curriculum elements on page 18 of the grant announcement and will provide an excellent foundation for the development of a standard curriculum for home care aides. Nevertheless, as it has not been updated since 1998, the

curriculum requires thorough revision and will benefit from planned competency development in person-centered care, specific disability-related needs, including for persons with Alzheimer's and related disorders, and complex care management for very frail and medically complex elders. Additionally, the curriculum improvements, like those for the PCA workforce must reflect the learning needs of an increasingly diverse workforce and client base.

The **Bristol Community College / Bristol Employment Collaborative Project**, a **collaboration** of the PCA Quality Workforce Council, BCC, PRIDE Inc., and other partners, has developed an innovative consumer-informed program to train persons with disabilities to become personal assistance care providers (see Appendix 1). This PCA Certificate Program is intended to be comprehensive and interactive and provide high-quality classroom training in essential caregiving, communication and professional skills for individuals seeking to be employed as PCAs. Over 8 weeks the PCA curriculum covers the following core modules: (1) Specific Disabilities and Diseases, (2) Getting to Know Your Employer, (3) Communication Skills, (4) Conflict Management, (5) Work Readiness, (6) Computer Fundamentals, (7) Disaster Planning, (8) Providing Personal Care. The PCA Certificate Program also offers optional credit courses in areas of college preparation.

Program Goals and Objectives: The overall goal of the MA PHCAST demonstration program is to enhance the existing direct care training programs by integrating a common curriculum focused on a set of competencies relevant to direct care workers across the health and human service sectors. A narrative summary of the project **objectives and sub-objectives** follows, supported by the Work Plan on pages 16-19. To address PHCAST's focus on developing core training competencies and certification programs for personal or home care aides, four sets of

measurable objectives have been developed that address project development, implementation, system integration and dissemination activities.

Objective 1: **PROJECT DEVELOPMENT.** This goal focuses on Year 1 activities including establishing the grant management and oversight structures, post-award refining of grant partners' roles; consistent with HRSA TA and core competency development instructions; reviewing the BCC/BEC and HCA curricula; and identifying core competencies addressed across existing state and national PHCA curricula and core competencies that are not addressed or inadequately addressed.. The identified core competencies will be the framework for developing a standardized curriculum for existing and potential new certification processes for direct care workers. The Management Team and Project Advisory Group previously described will be convened to finalize an operational plan for the Year One activities based on the grant proposal and subsequent HRSA guidance.

The Project Director, under the oversight of the Principal Investigator, will have day-to-day responsibility for coordinating the work of the Management Team, the Advisory Group and the grant partners responsible for curriculum assessment, revision, and training delivery. During this first year, PHI will lead the process of reviewing and re-designing core curriculum components as previously described and detailed further in the work plan. Baseline performance data from the HCA and BCC/BEC trainings will be collected by Commonwealth Corporation, consistent with the Evaluation Plan in section 3. PHI curriculum review, CommCorps training evaluation, Management and Project Advisory team oversight and HRSA technical assistance will inform the creation of a pilot program for a new PHCA standardized core competency curriculum that will be tested out both by HCA and in the BCC/BEC spring trainings in Year 1. .

Objective 2: **CURRICULUM IMPLEMENTATION.** Years 1 and 2 will focus on conducting the newly developed pilot curriculum in key venues and building relationships for sustainability. The implementation stage will include ongoing evaluation of the PHCA pilot curriculum's effectiveness, making revisions and amendments as needed. The grant will identify training venues and recruit faculty and students for the pilot curriculum through the collaborative efforts of Mass Council and BCC. Training for home care aides will be conducted by registered nurses employed by members of the Mass Council who will be trained on the new curriculum. Training will be conducted in 15 areas of the state, for up to 150 new home care aides in the first year. Similarly, BCC has committed to conducting the revised PCA curriculum for up to 20 students in the fall. A formative evaluation of the pilot for both sets of workers will be conducted by CommCorp during the training, incorporating data collection from students, faculty members, and consumers to evaluate where the strengths and weaknesses of the pilot program, where it improves upon the baseline and to identify area for further development. The curriculum will be amended accordingly to inform further worker trainings in Year 2 and 3. Year 2 will also support specific skill set component development like medication administration and Alzheimer's care as well as new site development to facilitate training opportunities for Spanish-speaking workers. Curriculum review work in Year 2 will further address cross-Secretariat direct care trainings, including those at Bristol and other Community Colleges and lay the basis for finalizing policy decisions regarding integrated approaches across populations and funding streams.

Objective 3: **SYSTEM INTEGRATION and SUSTAINABILITY.** The grant will build out the personal, home care and other direct care career ladder through what will promise to be robust and, potentially challenging, cross-program, cross-stakeholder decision-making processes based

on the information developed through the initial phases of the grant. Among the questions that will need to be addressed are: How do agency-based consumer skills training to support consumer directed care intersect with training agency certifications, like the Mass Council, and with potential education to career paths in the community colleges? Should there be multiple certifications for differential levels of training as currently exist for HCAs and for medication assistance? How should training levels align with reimbursement strategies? The curriculum, workforce development, education, worker representation, and evaluation competencies of the grant partners (see Section 4) as well as the public agency leadership in this grant will provide the skillsets and experience needed to answer these questions and achieve the system integration and sustainability that is the promise of this enterprise. Effective alignment of the education to career path and the reimbursement strategies will increase the attractiveness of the direct care career field for job seekers, bolster the retention of workers, and facilitate the sustainability of the core competencies training program. Critical to retention of students in the program, and of home care aides in the career field, will be the mentoring and career counseling network the grant will build, in part through collaboration with the SEIU1199. Key stakeholders will collaborate to articulate a plan for continuing education, career development, and support that will seamlessly integrate and sustain the core competencies training curriculum into state direct care training policies and practices. The grant team will examine the feasibility of adding other advanced training components and offering the curriculum in alternate formats, such as online courses, and trainings in additional, non-English languages.

Objective 4: **DISSEMINATION.** Core to the dissemination strategy is the position of the MA AHEC in the role of Project Direction throughout the grant cycle. Their statewide network, along with the agreement to collaborate in this grant by the Community College statewide office

and the EOLWD, EOHHS, and EOEA assure that the major mechanisms of facilitating, education, certifying, and reimbursing for direct care will be positioned to take the agreed-upon core competencies as the basis for worker development across their systems. The articulation of an education to career path that cross populations and funding streams and aligns on a statewide basis with certification and credit-based programs will lay the foundation for a reliable path for future workers and for those who are looking to hire well trained individuals. Working with HRSA, senior leaders and advisors to the grant will also identify additional stakeholders and populations within and beyond Massachusetts who could benefit from the PHCA training curriculum. A comprehensive report of the grant's process and project outcomes will be composed and disseminated. This report will be shared on both a national and state-wide level, through presentations at events as well as inclusion in peer-reviewed publications.

Resolution of Challenges: The project team has anticipated a number of challenges, which we have responded to through: the structure of the management and oversight; the engagement of the critical curriculum, training, service provision, and evaluation entities; the emphasis on learner / worker-based recruitment, training, and retention strategies; and the over-arching commitment of the state secretariats to substantive programmatic change. These challenges include: the fragmentation among the various personal care enterprises; the challenges of effectively engaging this workforce in skill development opportunities; the difficulties that have historically existed between consumer directed and agency based support; the absence of effective cross-agency collaboration; and the absence of more accessible education to career paths, which could better engage training offered by both community colleges and private training partners.

The broad membership of both the internal Management Team and the overall Project Advisory Group will facilitate the cross-program and cross-population dialogue needed to address the administrative and training fragmentation that exists. All of these groups will have an ultimate interest in the output of the grant's work, and their cooperation and support will be key to ensuring sustainability of objectives. The Project Director will be responsible for shaping the processes needed to assure that the diversity of work and work-site experience and their relationship to the core competency assessment are represented in Project deliberations. The extensive expertise of the CommCorp, PHI, and AHEC staff in building health and long term care workforce development strategies – and the specific analytic work they will contribute under this grant – will be crucial to supporting challenging program re-design and integration goals. In addition, consumer representation and input through the Program Advisory Group and its representatives from the PCA Quality Workforce Council, and the BCC/BEC will ensure the consumer-focused nature of the enhanced curriculum certification and career path strategies.

A significant challenge identified by the project team has been the issue of **sustainability**. The DDS Direct Support Certificate Program (DSCP) has been preliminarily identified as a potential platform from which to engage community colleges across the state in the implementation of the enhanced curriculum. DDS in collaboration with the Massachusetts Executive Office of Community Colleges developed the DSCP in 1998 to support paraprofessionals who work for DDS in their pursuit of education and advancement. Offered in 8 community colleges across the state, the curriculum offers credits that are transferable towards associate's or bachelor's degrees. For the MA PHCAST demonstration project, the DDS linkage with community colleges will serve three purposes: (1) to enhance the reach of the MA PHCAST core competency curriculum;

(2) to increase continuing education opportunities program participants; and (3) to potentially become part of an integrated health and human services direct care program.

Recruitment and Retention Strategies: The recruitment strategies for MA PHCAST program participants will be based on expanding the significant relationships grant partner agencies have with individuals who are currently unemployed or underemployed, and those who are already working in the sector and want to advance to higher skill positions through our training program. The Mass Council, PCA Workforce Council, BCC/BEC all have an extensive history recruiting from within the networks of their front-line workers as well as reaching out into the community. The EOHHS and EOLWD workforce development agencies will also be the focus of outreach efforts, including: one-stop career centers, community colleges, independent living centers, etc. Among other strategies, they will undertake (1) information sessions; (2) mailings (course catalogs, flyers, letters); (3) career center referrals; (4) referrals from employer partners; and (5) referrals from community-based programs serving low-wage workers and welfare recipients. Another noteworthy vehicle for recruitment is through the free online referral directory for PCAs operated by the PCA Workforce Council (<http://www.mass.gov/findpca>).

Retaining individuals in training programs has been tied to tuition abatement, mentoring opportunities, child care and transportation support and/or paid leave. Both enhanced curricula will be offered without cost to participants in the pilot period and in the subsequent years. BCC, in collaboration with PRIDE Inc., intends to provide some financial and mentoring support to BEC curriculum participants in the pilot period in an attempt to identify those supports that are most effective in supporting individuals in their completion of the training. The Project Advisory Group will assess CommCorps findings in this arena to determine retention strategies to be adopted in Year 2 and 3 training. SEIU1199 has committed to being a part of this process.

3: MA PHCAST DEMONSTRATION PROJECT WORK PLAN (2010-2013)

Objective 1 (YEAR 1) DEVELOPMENT				
<i>Develop new PHCA standardized curriculum through an assessment and evaluation of core competencies related to skills, knowledge and attitude</i>				
Sub-objective	Activity	Team Responsible	Timeframe	Process/outcome measures
1. Create advisory group and management team that will inform development and integration of PHCA standardized curriculum	1. Identify and convene members for cross-secretariat management team 2. Identify and convene members for cross-stakeholder advisory group from MassCouncil, CommCorp, PHI, BEC, UMass	Project Director, Management Team, Advisory Group	Year 1, Q1	- membership of Advisory Group and Management Team solidified - at least 2 in-person meetings held - system of communication (email list, etc) established
2. Structure operational plan / work strategy for grant years 1-3	1. Convene advisory group and management team to determine work process 2. Draft strategic plan	Project Manager, Advisory Group, Management Team	Year 1, Q1	- 3-year plan written and approved by Management Team, Advisory Group
3. Identify core competencies related to skills, knowledge and attitude	1. Conduct a review/environmental scan of core competencies for direct care workers 2. Identify core competencies relevant to PCA and home care aide trainings and advanced skills trainings	Project Director, Advisory Group, Management Team, PHI	Year 1, Q1	- documented data from environmental scan
4. Review and assess current curricula	1. Assess current HCA and PCA curricula 2. Identify and report on common curricula elements	Project Director, PHI Management Team, BEC, MassCouncil Standards Committee	Year 1, Q1	-written report of common core competencies
5. Collect baseline data from HCA and PCA curriculum	1. Develop performance measures based on core competency analysis 2. Conduct formative evaluation process of HCA and PCA curricula; collect baseline data from 50 HCA and 15 PCA participants	Project Director, CommCorp	Year 1, Q2	- performance measures developed - surveys drafted - evaluations filled -baseline data from 50 HCA participants and 15

				PCA participants
6. Develop new PHCA standardized curriculum	<ol style="list-style-type: none"> 1. Synthesize results from review of core competency scan, assessment of current curricula and PCA and HCA training evaluations 2. Incorporate findings to develop standards for core competency curriculum 3. Develop new PHCA standardized curriculum 	Project Director, Advisory Group, Management Team, PHI	Year 1, Q2-Q3	- curriculum finalized
Objective 2 (YEAR 1 and 2) IMPLEMENTATION <i>Implement, evaluate and revise new PHCA standardized curriculum and additional training components</i>				
Sub-objective	Activity	Team Responsible	Timeframe	Process/outcome measures
1. Identify cohort for pilot PHCA curriculum training	<ol style="list-style-type: none"> 1. Identify 15 trainings venues in home care setting across the state (Western MA, Central MA, Cape Cod, South Shore) and confirm PCA spring training 2. Identify 150 participants for pilot HCA and 20 participants for pilot PCA training 	Project Director, CommCorp, MassCouncil	Year 1, Q3	<ul style="list-style-type: none"> - Training venues identified - HCA and PCA cohort identified
2. Conduct and evaluate training	<ol style="list-style-type: none"> 1. Conduct training to 150 HCA participants and 20 PCA trainees 2. Collect evaluation data from students, faculty and consumers 	CommCorp, Project Director	Year 1, Q4	- Trainings evaluation and evaluation data collected from 150 HCA and 20 PCA trainees
3. Analyze evaluation data	<ol style="list-style-type: none"> 1. Analyze data from pilot training 2. Compare data baseline data from PCA and HCA training 	CommCorp, Project Director	Year 2, Q1	- Data analyzed and compared to baseline and “comparison group” data
4. Revise new standardized curriculum and additional training components based on evaluation results	<ol style="list-style-type: none"> 1. Present evaluation results to Advisory Group 2. Revise curriculum based on evaluation results and input from Committee 	Project Director, Advisory Group, Management Team	Year 2, Q1	- Finalized enhanced MA PHCAST curriculum for PCAs and HCAs

Objective 3 (YEAR 2 and 3) INTEGRATION and SUSTAINABILITY				
<i>Integrate new PHCA standardized curriculum into existing state training systems resulting in trained direct care workers</i>				
Sub-objective	Activity	Team Responsible	Timeframe	Process/outcome measures
1. Develop certification tests for trained PCA and HCAs	1. Identify uniform standards and methods for certification 2. Create certification tests 3. Develop system for certification in EOHHS/EOEA	Project Director Management Team, Advisory Group, MassAHEC, PHI	Year 2, Q2-3	- Certification tests developed
2. Integrate and disseminate curriculum into existing state training venues	1. Develop written materials and training protocols for core training competencies 2. Outreach to all PHCA training venues and integrate curriculum 3. Build a network of mentoring and career counseling 4. Train additional 200 HCA and 60 PCA participants	Project Director, Management Team, MassAHEC Network, PHI, MassCouncil, PCA Workforce Council, SEIU 1199, PRIDE Inc.	Year 2, Q2-4	- Written protocols and training materials - Mentoring network identified - 200 new HCAs and 60 new PCAs trained statewide
3. Develop plan for continuing education and career ladder development process	1. Identify and collaborate with relevant stakeholders, including community college network 2. Create plan for continuing education and career development	Project Director, Management Team, Advisory Group, PHI, Massachusetts Executive Office of Community Colleges	Year 2, Q2-4	- Continuing education plan developed with community colleges
4. Develop plan for integration and standardization of direct care training across populations (including DMH, DDS, EOEA, MassHealth)	1. Cross-secretariat management team identifies opportunities for direct care training integration across populations and sectors 2. Examine feasibility of creating integrated training for all direct care workers across populations and funding mechanisms	Project Director, Management Team	Year 2, 3-4	- Cross-Secretariat direct care worker training integration plan developed
Objective 4 (YEAR 2 and 3) DISSEMINATION				
<i>Disseminate PHCA standardized curriculum and project results</i>				
Sub-objective	Activity	Team Responsible	Timeframe	Process/outcome measures

1. Expand curriculum implementation to additional areas of state	<ul style="list-style-type: none"> 1. Identify additional training venues 2. Identify area of workers shortage and diverse populations 3. Conduct presentations and “train-the-trainer” tool to selected areas 4. Conduct additional trainings to 300 HCAs and 90 PCAs in identified areas 	Project Director, MassAHEC, EOHHS	<ul style="list-style-type: none"> Year 2, Q1-4 Year 3, Q1-4 	<ul style="list-style-type: none"> - Training venues identified - 300 new HCAs and 90 new PCAs trained statewide
2. Develop additional training components, including Alzheimer’s care-taking and medication assistance.	<ul style="list-style-type: none"> 1. Develop additional training component (Alzheimer’s care-taking and medication assistance) 3. Develop plan for integration of identified additional training component 	Project Director, Management Team Alzheimer’s Association	<ul style="list-style-type: none"> Year 2, Q4, Year 3, Q1-2 	<ul style="list-style-type: none"> - Additional training components developed
2. Examine feasibility of alternate training formats, such as non-English and online courses	<ul style="list-style-type: none"> 1. Research and identify the need for alternate formats 2. Create a strategy to address the identified need for alternate formats 3. Examine feasibility and need for development of Spanish curriculum with PHI’s expertise 	Project Director, Management Team, Advisory Group, PHI	<ul style="list-style-type: none"> Year 2, Q4, Year 3, Q1-2-4 	<ul style="list-style-type: none"> - Plan for alternative training formats developed - Spanish curriculum feasibility plan
4. Disseminate project results and products	<ul style="list-style-type: none"> 1. Draft comprehensive report 2. Identify relevant stakeholder publications and gatherings to target 3. Disseminate report and conduct presentations at national and state-wide venues 4. Publish project results in peer-reviewed publications 	Project Director, Management Team. Cross-secretariat Advisory Group, MassAHEC, UMMS, EOHHS	<ul style="list-style-type: none"> Year 3, Q1-4 	<ul style="list-style-type: none"> - Report developed - Presentations, publications developed

4. Evaluation

EOHHS/EOEA in partnership with the Commonwealth Corporation (CommCorp) will evaluate the MA PHCAST demonstration project through a variety of quantitative and qualitative methods. The evaluation plan will address *primary* outcomes such as participant knowledge gain, *secondary* outcomes, defined as actual practice changes by the program participant and, in the third year of the grant, *tertiary* outcomes, defined as effects on the consumer. Preliminary planning anticipates assessing the relative effects of the intervention by using a comparison group of individuals who participated in the original PCA and HCA curricula. Concurrently, EOHHS/EOEA will participate in the national PHCAST evaluation efforts and will modify evaluation plans and participant measures as necessary to accommodate funding requirements.

MA PHCAST demonstration project evaluation plan: In partnership with CommCorp, evaluation of the MA PHCAST enhanced curriculum will be conducted in *six* phases. In phase 1, CommCorp with assistance from the MassCouncil, Home Health providers and BCC will develop performance measures, assessment tools and competency assessments. The performance measures will be based on three levels of the four-level Kirkpatrick model for learning evaluation which include (1) Reaction, (2) Learning, and (3) Behavior. **Reaction** is a measure of participant satisfaction; it will be measured using participant surveys and will address instruction, materials, equipment, curriculum, pace, environmental conditions, etc. **Learning**– refers to *how much* participants learned from the training curriculum. Finally, **Behavior** which refers to how well participants in the training transfer what they have learned to their actual job performance will be measured in Phase 4 and 5. In Phase 4, for HCAs the application of additional knowledge and skills will be measured through a competency assessment to be conducted by their supervisors. CommCorp will collect participant level data utilizing

CommCorp's proprietary performance tracking system or Sector Programs Management Information System, which includes a participant level database with a web-enabled interface. This will enable CommCorp to systematically collect participant-level information, including employment history, demographics, course completion and other relevant data. Phase 2 of the evaluation will consist of baseline pre-test data collection for the "comparison group" of HCAs using the existing training curriculum. This will take place in parallel with the activities listed in Phase 1. The post-test data collection will also include competency assessments, so that both the treatment and comparison groups use similar testing regimens. The effects of the *original* curricula using the identified performance measures will be examined on 50 participants of the HCA curricula in two training venues and 15 participants of the first offering of the PCA curriculum. Phase 3 will consist of post-test data collection for the "comparison group" including the use of the newly developed competency assessment. For PCAs, the application of knowledge and skills will be measured through a competency assessment to be conducted by their consumer employers, similar to the competency assessment conducted for Home health Aides. Data on the impact of the individuals' participation on their skills, competencies and job performance will be systematically collected using the CommCorp project database. Phase 4 of the evaluation will consist of the formative evaluation of the development and delivery of the improved and enhanced training curriculum. The formative evaluation will consist of periodic interviews of training providers, trainees, and representatives from the MassCouncil and the PCA Workforce Council. Qualitative data using key-informant interviews and focus groups will also be collected by CommCorp to further enhance the evaluation efforts. Phase 5 consists of an evaluation of the "treatment group" of participants of the enhanced curriculum, including 20 participants of the *enhanced* BEC PCA curriculum Bristol Community College and also post-training data

collection of 150 participants of the enhanced HCA curriculum in 15 training venues. To examine sustained changes in *skills, attitude, and knowledge* there will be an assessment test six months to one year post-training. In Phase 6, in addition, in the out years of the grant effects on consumer outcomes will be measured using the Social Assistance Management System (SAMS). SAMS contains the Home Care Program standard assessment form, the Comprehensive Data Set (CDS) which includes the MDS-HC in its entirety and additional questions necessary for community care planning and care coordination. Efforts will be made to collect qualitative data through key-informant interviews of a select group of consumers in year 2 of the grant.

Table 1: MA PHCAST Demonstration Project Evaluation Design

Group	Baseline data collection	Intervention	Post Training	6 months or 1 year later
“Comparison Group” Those interested in becoming HCAs and PCAs	Phase 2: Test -knowledge & skills (HCA n=50; PCA n=15)	Participants of “old” training (prior to program enhancement)	Phase 3a: Test -knowledge & skills. Competency assessment for -application of learning	Phase 3b: If feasible, test knowledge & skills Competency assessment for -application of learning [Consumer Data: Survey or collect SAMS data]
“Treatment Group” Those interested in becoming HCAs and PCAs	Phase 5a: Test -knowledge & skills (HCA n=150, PCA n=20)	Phase 4: Evaluation of participants who take new and improved training	Phase 5b: Test -knowledge & skills Competency assessment for -application of learning	Phase 5c: If feasible, test knowledge & skills (Phase 5c) Competency assessment for -application of learning Phase 6: Consumer Data: Survey or collect SAMS data

Evaluation Expertise: CommCorp has extensive experience in research and evaluation of workforce development programs and evidence-based policy making through a number of activities, including: research and evaluation studies on behalf of the workforce development system; partnerships with MA workforce development agencies to support research and evaluation; brokering research and evaluation resources to meet customer needs; and leveraging federal and private resources to support efforts in workforce development programs. CommCorp staff have authored and disseminated multiple relevant publications through Research and Evaluation Briefs available at <http://www.commcorp.org/about/index.html>.

CommCorp has a strong track record of collecting participant-level data for state-funded training programs to support performance reporting and evaluation. CommCorp's Sector Projects MIS currently has more than 7,000 participant level records. Navjeet Singh, as Vice President for Applied Research and Evaluation at CommCorp, manages various evaluation projects associated with the Extended Care Career Ladder Initiative, a sectoral project for direct-care workers at nursing homes and home care agencies. He leads a team that determines the effectiveness of education and workforce development programs and conducts research on MA labor market information trends. Experienced in economic and business research, Mr. Singh has an MS in Science and Technology Studies from Rensselaer Polytechnic, an MBA from the Indian Institute of Management, Ahmedabad and a BS from the Indian Institute of Technology. He has been the force behind the *skills gap* research project on the availability of skills commensurate with the needs of employers and the implications of the baby boom generation retiring.

5. Technical Support Capacity

PCA Quality Workforce Council (PCA Workforce Council) The PCA Workforce Council is a governmental body designed charged with ensuring the quality of long-term, in-home, personal care by supporting the recruiting, training and stabilization of the work force of personal care attendants. The Council will be an active member of the Advisory Group and will continue to provide the technical support it has made available to the development of the BCC/BEC curriculum. It will also work with the project to facilitate successful recruitment and retention of training participants and to assure the ongoing attention to consumer-directed strategies.

PHI, a national nonprofit, is a leading national expert on the training and development of the direct-care workforce. PHI is committed to redesigning the eldercare/disability services system to be truly relationship-centered: to ensure effective, caring and stable relationships so that all who provide and receive eldercare/disability services may live with dignity, respect, and independence. For the MA-PHCAST grant, PHI will play a critical role in reviewing and improving the targeted HCA and PCA curricula, working with the HRSA TA process in identifying the core competencies among existing MA and other direct care trainings, building the new standardized PHCA curriculum, and assessing the need and supporting the process for developing improved and/or new certification tests for direct care workers. PHI offers extensive expertise in curriculum development, training program design, the learner-centered teaching methods shown to be most effective with adults facing multiple learning barriers, and building communication and problem-solving skills essential to direct care worker success. Amy Robbins, PHI Public Policy Director, has been directly involved in the development of this grant and will continue to participate in its implementation.

The **Massachusetts Council for Home Care Aide Services** (MassCouncil) has been the voice for paraprofessional home care aide services in Massachusetts since 1967. The MassCouncil

works with state agencies, the Legislature, the media, and the general public providing timely information and education on home care services. The Council will be a leading partner in the Advisory Group on the PHCAST grant, and will be the primary mechanism by which to incorporate the resulting standardized core competencies curriculum across home health aide trainings in the MA long term care sector. Lisa Gurgone, executive director, contributed substantially to the development of this grant and will be actively involved in its implementation.

The **Bristol Community College** is one of 15 MA community colleges and offers both a comprehensive two-year credited course of study in over 120 programs and many non-credit certificate and other trainings. Among other things, the school focuses on workforce development from adult literacy to advanced technology skills and is part of the 8-college DDS DSCP. Prior to customizing a consumer-directed PCA training program for the **Bristol Employment Collaborative (BEC)**, BCC's already developed innovative model for training people with disabilities to become personal assistance services workers helps address both unemployment for people with disabilities and the labor shortages in the healthcare sector. Dean Carmen Aguilar, Dean of the Center for Workforce and Community Education, contributed to the development of this grant and will be the lead on the BCC/BEC project. She will facilitate ongoing collaboration with BEC and PRIDE, Inc. which will be providing worker training support and mentoring. Dean Aguilar provided technical support to the BEC curriculum development and recently completed research on personal care attendants in Mexico and Canada. **Commonwealth Corporation** (CommCorp), a statewide workforce development organization within the Executive Office of Labor and Workforce Development, focuses on addressing the MA skills gaps and building the capacity of the workforce development system through partnerships with regional and local stakeholders, including businesses, organized labor,

workforce investment boards, career centers, CBOs, and community colleges. Its role in PHCAST grant activities will center on evaluation and analysis of project components as discussed in the prior section. Rebekah Lashman, Senior Vice President, and Navjeet Singh, as Vice President for Applied Research and Evaluation both contributed to the grant development and will be actively involved in its implementation.

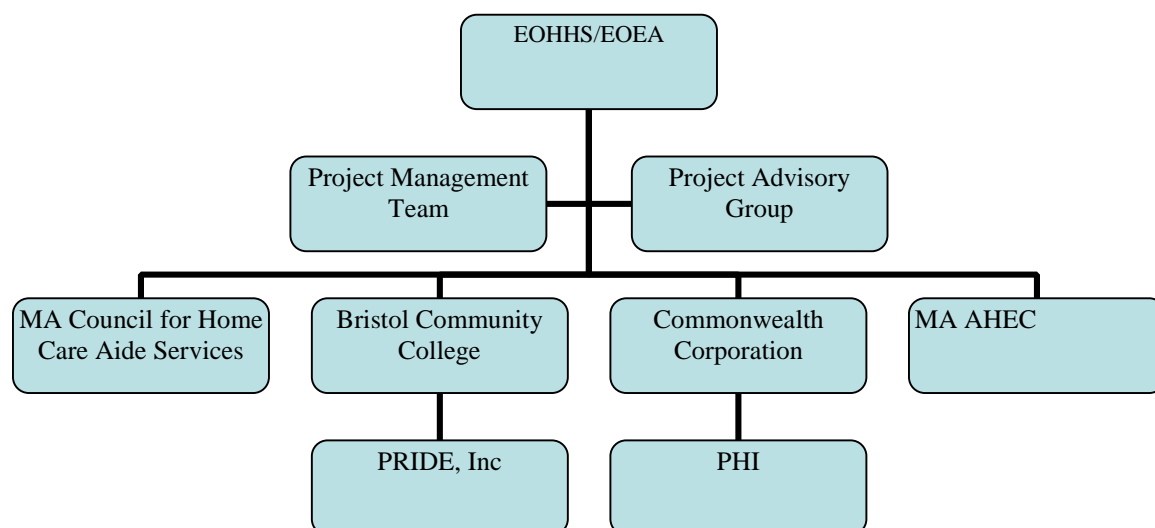
The **Massachusetts Area Health Education Center (AHEC)** Network is a statewide system of 6 regional offices, hosted by the University of MA Medical School. The MA AHEC Network addresses the concern of health disparities in MA with a focus on ensuring a culturally competent, skilled and diverse health care workforce and ensuring that all residents have access to quality health care delivered by a skilled health care workforce. AHEC will provide the Project Director for the grant and its statewide network will be vital in the integration and dissemination of the PHCAST training curricula. Linda Cragin, Director, MA-AHEC contributed to the development of this grant and will continue to be involved throughout the project. Pamela M. Senesac, PhD, SM, RN will be the acting Project Director while a search is initiated, pending grant award. Dr. Senesac is currently Director of Performance Improvement at the UMass Center for Healthcare Policy and Research and had an extensive history in the development, delivery, and management of long term institutional and community based care.

Organizational Information: EOHHS, the applicant for the MA-PHCAST demonstration, is a 17 agency enterprise that represents almost half of the MA budget and provides diverse health, long term care and other human services to children, youth, families, elders and persons with disabilities. A *community first* long term care policy has prompted expanded development of community-based long term supports, the workforce improvement of which is the focus of this grant. EOHHS and EOEA are providing joint leadership for this venture. All grant partners have

a history of working directly or indirectly with one another, as noted in the grant narrative.

Below is an organizational chart that reflects the contractual and advisory relationships that will govern the grant activities. At the highest executive level, the EOHHS will facilitate these relationships through its collaborations with the EOWLD, under which CommCorp operates, and the Executive Office of Education, which houses the Massachusetts Executive Office of Community Colleges.

Figure 1: MA PHCAST Program Organizational Chart



APPENDIX 1: TRAINING CURRICULA

Personal Care Assistant (PCA) Certificate Program Curriculum Outline

Definition: The Personal Care Assistant (PCA) Certificate Program is designed to instruct potential PCAs about the roles, duties, need and opportunities to become employed as a PCA, as well as teach job readiness skills in this consumer-controlled assistant model. The comprehensive, dynamic and interactive training program allows high-quality classroom training in providing essential personal care and effective communications skills for individuals seeking to be employed as PCAs.

Overview of the Program—What Is Expected: Orientation and Introduction

- Independent Living history and philosophy
- History and development of the consumer-controlled Personal Assistant Programs across the country
- Definition and discussion of “consumer controlled”
- Disability terminology and etiquette

Consumer Direction

- Why do some people CHOOSE TO use PCAs?
- How does consumer direction affect you- the PCA?
- Panel of people with disabilities who are PCA users and then PCAs.
- Discuss situations that do and don’t demonstrate consumer control
- “Am I following the consumer’s wishes? “Is this person more independent because of what I am doing?”
- What is the MassHealth model of PCA services?
- What agencies are involved?
- What is a surrogate in the MassHealth PCA program? Use and role of “surrogates”.

Job Tasks and Tools

- “What are some of the daily activities of a PCA?”-
- Identify types of tasks, such as grooming, health and hygiene, mobility, nutrition, household, recreation
- “Are all transfers alike?”
- What activities are not reimbursed under the MassHealth PCA program?
- Description of types of assistive technology
- Demonstration by users of a variety of equipment that is used by people with disabilities such as wheelchairs, scooters, Hoyer lift, etc.

Health and Safety

- Hazards in the home
- Emergencies
- Protecting yourself and others- guidelines to prevent spread of disease, housekeeping and infection control in the kitchen and bathroom, protecting your body while lifting and performing transfers, dealing with stress
- Dealing with violence on the job
- Speaker Universal Precautions, First Aid and Heimlich maneuver
- Mental health crisis

Communication and Conflict Resolution

- Lesson 1: Stay focused; ask questions
- Lesson 2: Positive Problem Solving and giving and receiving feedback

- Lesson 3: Disability Awareness and Cultural Sensitivity
- Communication dos and don'ts

Role Play—Problem Solving

- Skills with Problem Solving, such as PCA and Consumer/Surrogate, PCA and Family Members

Rights and Responsibilities

- Lesson 1: **The Work Agreement**
- Lesson 2: **Respect for Boundaries**
- Lesson 3: **Recognizing types of abuse**
- What is the union for PCA workers? What is the history of the PCA union? How do I become a member? What amount of dues do I pay? What does the union do?
- Legal Issues

Disability and Terminology

- Review of different disabilities from a functional perspective as it relates to using PAS.
- Common prefixes and their meaning; bi, para, hemi, con, neuron, psych, auto, co, ant
- Common suffixes and their meaning; pathy, algia, ology, morbid, nomic, genic, nosis
- Putting words together and trying to decide who would be eligible for PCA services and why.
- Common terminology from the disability field

Work Readiness

- Am I physically and emotionally ready to commit to a PCA job?
- Can I get to the job as scheduled and on time?
- Can I act in a professional, friendly manner but understand I am an employee and not a friend?
- Do I have a means of getting to the job? What is my back-up plan? Are my other obligations covered?
- Have I developed a resume or have a list of good references to provide a potential employer?
- Do I know where to look for PCA jobs?
- Practice interviewing skills
- Do I disclose my disability and when? How to ask for accommodations if needed.
- How to best terminate from the job.

Program Wrap up and feedback

<p align="center">MASSACHUSETTS COUNCIL FOR HOME CARE AIDE SERVICES, INC. HOME CARE AIDE CURRICULUM OUTLINE</p>
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The concept of a career ladder is delineated in the Outline's components:

Generic Orientation (before Home Care Aide I placement) **3 hours**

(Homemaker) Home Care Aide I Training or Training Waiver Program **37 hours**

Training Required for Home Care Aide I **40 hours**

Home Care Aide II Training **17 hours**

Practicum in Personal Care for Home Care Aide II **3 hours**

Training Required for Home Care Aide II **60 hours**

Additional Home Care Aide III (Home Health Aide) Training Required by HCFA **15 hours**

Training Required for Home Care Aide III **75 hours**

DEFINITIONS

The Home Care Aide Association of America defines the three categories of Home Care Aide as follows:

Home Care Aide I: Assists with environmental services such as housekeeping and homemaking services in order to preserve a safe, sanitary home and enhance family life. The Home Care Aide I is NOT to provide any personal care.

Home Care Aide II: Assist the client/family with home management activities and with non-medically directed personal care. The Home Care Aide II is NOT to perform duties under a medically-directed plan of care, and is not to be assigned duties related to assistance with medications or wound care.

Home Care Aide III: Works under a medically supervised plan of care to assist the client/family with household management and personal care.

MASSACHUSETTS COUNCIL FOR HOME CARE AIDE SERVICES CONTENTS OF TRAINING COURSE OUTLINE HOME CARE AIDE SERVICES

	<u>MINIMUM HOURS</u>
Unit A Pre-placement Orientation for Home Care Aide I or Orientation for Home Care Aide II or III Training Program	3
Unit B Communication Skills	3
Unit C The Home Care Aide and Families and Individuals	3
Unit D Anatomy and Physiology and Related Disorders	6
Unit E Human Growth and Development	3
Unit F The Older Adult in our Society	2
Unit G Communicable and Infectious Disease Control	3
Unit H Home Safety	3
Unit I The Home Care Aide and The Home	2
Unit J Maintenance of a Clean, Safe and Healthy Environment	3
Unit K Nutrition	5
Unit L Loss and Grief, Death and Dying	2
Unit M Summary and Evaluation, Home Care Aide I Service	2
	TOTAL HOURS 40
Unit N Personal Care	17
Unit O Practicum For Home Care Aide II Additional Training in Personal Care for Home Care Aides III	3
	TOTAL HOURS 60
Unit P Practicum for Home Care Aide III	15
	TOTAL HOURS 75
Final Competency Exam	
Written Exam	
Skill Testing	

Budget Narrative

The EOHHS/EOEA have determined that the most efficient, effective, and ultimately sustainable way to launch the MA-PHCAST project is to purchase the full range of project management, curriculum development, training, and evaluation from existing state-based and private partners who have extensive experiences in direct care workforce development. After consultation with HRSA's grants management office, then, the entire budget, with the exception of EOHHS indirect and administrative support lines, is shown as contractual services. This narrative will provide the detail within each of the sub-contracted services. Complete back-up budgets for each entity have been prepared and can be submitted if required. Out-year budgets assume stated growth in MassCouncil and BCC direct training as well as evolving functions for PHI, CommCorp, and the MA-AHEC as direct workforce curricula and education to career and certification paths are further mapped. The EOHHS is requesting \$738,993 for Year 1 of the MA-PHCAST project. Costs for grant activities in this section are shown in Year 1 figures with out-year expenditures noted in the spreadsheets.

EOHHS Administration: Dr. Jean Flatley McGuire, Assistant Secretary for Disability at EOHHS will function as the Principal Investigator for this grant at 5% contributed time. A half time administrative assistant will provide logistical and other support to the overall grant management (\$29,956) and indirect charges for the Secretariat are at 8% of projected grant expenditures (\$54,740).

Project Direction and Support: MA AHEC will provide project direction and dissemination support through a designated nurse Project Director (.8FTE) and senior administrative guidance through .1FTE of the AHEC Director. Total Year 1 costs are \$114,000.

PCA & Home care aide Training: Year 1 funding will support further formative development and training of 35 PCAs through the Bristol Community College BBC/BEC training at an overall cost of \$123,447 (15 PCA trained pre-intervention and 20 post-intervention in year 1). This includes all student tuition, books, lab, and supplemental instruction costs for 20 students in the post re-design pilot curriculum. Additionally, it covers \$9,000 in individual student transportation, childcare, mentoring and other retention support costs provided through a sub-contract with PRIDE, Inc. Out-year budgets anticipate increased costs associated with 40 students in year 2 and 60 in year 3 of the grant. BBC costs also reflect community college program development activities leading to integrated credit-related course options.

MassCouncil will be providing 15 regional trainings based on the new pilot curriculum for a total of 150 students as well as providing pre-intervention trainings to 50 individuals for formative evaluation purposes. Their Year One budget of \$266,850 includes all course-related costs as well as capacity to conduct the enhanced data collection required by the grant.

Curriculum Review, Assessment, Re-design: PHI will provide the curriculum, certification, and accreditation development functions stated in the grant. Their Year One effort is projected to cost \$75,000. They have forecast the two curriculum review, core competency assessment and training re-design projects at \$1600/day for a total of 12 and 18 days respectively for the BCC/BEC and MassCouncil HCA curricula. Development of train-the-trainer modules and associated pilot training materials development and facilitator guide costs are expected to be \$17,766 and \$10,000 respectively. Out-year costs will cover further pilot curriculum improvements, expanded cross-Secretariat and cross-community college program assessment, and support for alignment of certification and accredited coursework.

Evaluation: CommCorp will receive \$75,000 for Year One formative evaluation of the functions detailed in section 4 including: PCA curriculum and summative evaluation of the Council's existing HCA curriculum as well as evaluation of participants in the new pilot curricula. Costs will address database modification to provide capacity to track and analyze comparison group and participant outcomes, frontline supervisor training to conduct competency assessments, quality assurance of participant data collection, and ongoing project report generation.

Brief Job Descriptions & Bios: The grant narrative provides extensive information regarding the roles and qualifications of the partner agencies and significant personnel particularly in Sections 4, 5, and 6. In the case of the Principal Investigator, Jean McGuire, PhD, and the Acting Project Director, Pam Senesac, PhD, SM, RN, resumes are provided in the Appendices. Dr. McGuire will provide management and analytic oversight; she will also facilitate cross-Secretariat relationships. Her doctorate is from the Heller School at Brandeis and she has extensive background in the development and management of direct care workforces. Dr. Senesac will function as the Project Director until such time as a search is completed for a permanent Director; she has broad experience in the direct care arena and in performance improvement. The Project Director is responsible for all grant coordination, inter-agency communication, operational plan development, timeline and product oversight, and technical support. Linda Cragin, Director of the MA-AHEC, will provide senior technical support; she has faculty appointments in the UMass Department of Family Medicine and the Graduate School of Nursing. Rebekah Lashman, Senior Vice President at Commonwealth Corporation will be responsible for oversight of all evaluation activities; she has an MBA from the Simmons College Graduate School of Management. Lisa Gurgone, Executive Director of the Mass Council, will oversee all HCA training and provide senior leadership through the Advisory Group; Lisa has an MS from UMASS Boston and serves on the ECCLI Statewide Advisory Committee. Amy Robbins is the Policy Director at PHI, will be leading the curriculum review and re-design team, and brings significant MA and national experience in direct care workforce development.

July 16, 2010

Dr. Jean McGuire, Assistant Secretary
Disability Policies and Programs
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor, Room 1116
Boston, MA 02108

Dear Dr. McGuire:

We the undersigned are pleased to send this “Letter of Agreement” to collaborate with the Massachusetts Executive Office of Health and Human Services (EOHHS), the Executive Office of Elder Affairs (EOEA), and other stakeholders in the delivery of activities described in the Commonwealth’s application to the Affordable Care Act Personal and Home Care Aide State Training (PHCAST) program of the Health Resources Service Administration.

New technologies, support services and community advocacy have made it possible for people with more complex medical challenges to live in their homes rather than in institutions and nursing facilities. Competent and ethical personal assistants and home care aides are essential to ensure that people with disabilities or health-related problems are able to live independently in safety and comfort. The proposed project will provide the resources necessary to strengthen this critical workforce by piloting and refining a core curriculum fundamental to adequate preparation for a career in home care services. The project will also provide the infrastructure in the state system necessary to facilitate upward and outward career mobility and higher education opportunities for professionals in the home care field. Particularly exciting is the commitment the state has made to use the grant’s activities to create core competencies – and a related career path – for direct care workers across diverse public and private programs serving elders and people with disabilities in the community. If funded:

PHI agrees to lead the formative and other curriculum evaluations, assist with indentifying the core competencies among existing home care aide trainings, develop new standardized PHCA curriculum components, and potentially develop certification tests for home care aide trainees. PHI will be a subcontractor of Commonwealth Corporation.

Commonwealth Corporation will conduct the worker and system level analyses for the project components as detailed in the grant evaluation narrative.

The **Massachusetts Council for Home Care Aide Services** will, through its HCA training system, collaborate in the review of its existing curriculum, work with the development of core competencies, incorporate the resulting standardized core competencies curriculum across home health aide trainings in the Massachusetts long term care sector and conduct pre- and post-trainings and evaluation activities as outlined in the grant.

Bristol Community College will participate in the formative review and assessment of its current PCA training program, support the process of developing standardized core competencies, provide subsequent training opportunities on site, facilitate collaboration with

other community colleges in expanding the higher education potential of the PHCAST grant's curriculum, and contract with PRIDE for support for PCAs attending Bristol CC courses.

The **PCA Workforce Council** will continue to provide input and support to the PCA curriculum development ongoing with Bristol Community College and will participate in state agency planning regarding cross-secretariat core competency development. Additionally, the Council will work with SEIU 1199 to develop recruitment and mentoring opportunities.

The **Massachusetts Area Health Education Center** will provide the Project Director support and, with its network of area AHECs, agrees to work on the integration and dissemination of the PHCAST training curriculum across the home care career field.

1199 SEIU Health Care Workers East will recruit and help screen PCAs to attend training classes and will establish mentoring networks for students completing training. 1199 has relationships with several community colleges and will work with them to establish continuing education opportunities.

Additionally we will participate in the MA-PHCAST Advisory Group to oversee the grant activities and assure a public-private strategy in core curriculum development and dissemination. Collectively, we look forward to working on projects in curriculum development and implementation, development of career and educational pathways, articulation of noncredit training with credit courses, degrees, and certificates, and tracking project outcomes. We commit staffing to attend meetings and complete the workplan, and look forward to assisting with the important objective of identifying core skill and knowledge sets that span a number of direct service roles. This planning will enable us to use increasingly scarce educational resources wisely, and will make a vital contribution to ensuring that people with disabilities and fragile elders can get the assistance they need to lead full and productive lives at home.

Sincerely,

Steven Dawson, President
PHI

Nancy Snyder, President
Commonwealth Corporation

Lisa Gurgone, Executive Director
MA Council for Home Care Aide Services

John J. Sbrega, Ph.D., President
Bristol Community College

Jean A. Goldsberry, Executive Director
PRIDE, Inc.

Jack Boesen, Director
PCA Quality Home Care Workforce
Council

Linda J. Cragin, MS
Director, MassAHEC Network
Commonwealth Medicine, UMass Medical
School

Mike Fadel, Vice President
1199 SEIU United Healthcare Workers East